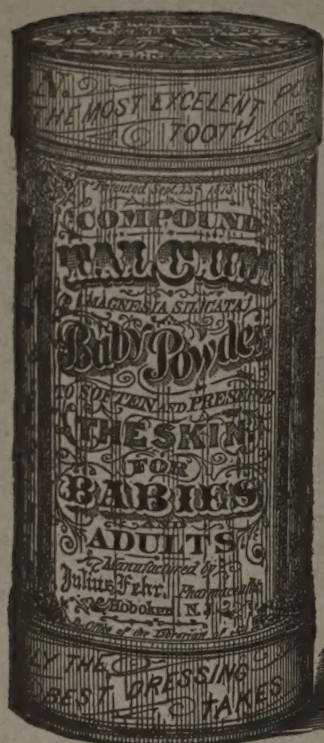


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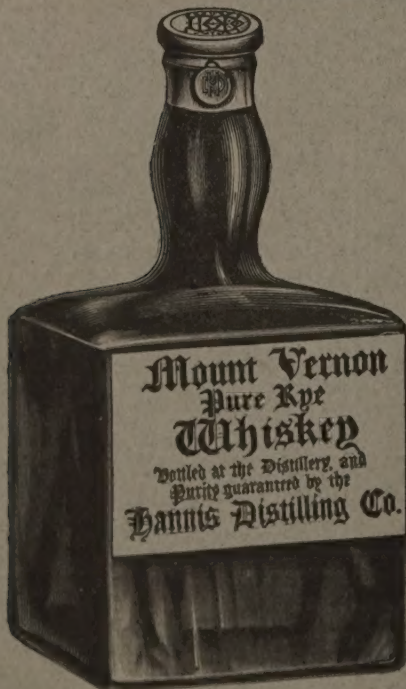
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Front Cover.

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CLINICAL REPORTS.

SERVICE OF DR. CHAS. MCBURNEY,
Saturday, Dec. 3, 1892.

ACUTE APPENDICITIS, ENDING IN SUPPURATION. The first case presented was the man operated on last Saturday for large abscess, or what used to be called perinephritic abscess. It will be remembered from last Saturday's report in this journal, that the man had been operated on the thirteenth day after he noticed the existence of pain, and that upon examination an ill-defined, tender mass was found in right iliac region, which was opened and cleared of perhaps five or six inches of pus. The patient is in a very healthy state of convalescence, his temperature being near normal since the operation. No concretion has come out and there has been but a small amount of purulent pus escaped. The chances are very small indeed of there being a retention from the appendix. The interior of the cavity will still be left open, because it can be treated better, and by changing the iodoform gauze packing every day, all pus or foreign matter may be removed.

INGUINAL HERNIA. The next patient operated on a week ago to-day, was one of inguinal hernia. The man is of a very nervous temperament, consequently his temperature reached 102° F. shortly after the operation, and has remained above normal since. The dressings have not been removed since last Saturday. A little oedema was found under pressure of the pads, but perfectly healthy granulating tissue was found between the approximating walls and on the floor of the wound. The dressings of iodoform gauze, compresses, cotton, and bandages were again applied to the wound.

TO-DAY'S OPERATION.

RUPTURE OF QUADRICEPS TENDON. A man fifty years of age, while carrying a stove on a stairway two days ago, fell but did not strike his knee, as might be the supposition. The man upon standing found that he could not get motion from his knee without considerable effort, but he managed to walk home.

Superficial ecchymosis can be seen at inner and upper side of patella, and upon examination the patella and ligamentum patellæ

were found to be movable and sound, but just above the patella was an interval large enough to receive a person's finger, if placed transversely. The patient could lift his leg perfectly well, so we suppose that the central tendon of the patella is ruptured, but that the lateral attachments remain intact. A difference of opinion exists in regard to the treatment of these cases, which are not of frequent occurrence. One method of treatment would be to place the leg in extreme extension by splints and wait for developments which has in a few cases accomplished good results, but in the majority of cases the result is a stiff limb. There is likely to be a space between the torn ends of the tendon which will never form a solid union, and then the wound is filled with blood, which may not be entirely absorbed. The other method is to re-unite the injured parts as nearly as possible, and try and get entirely rid of the accumulated blood being careful not to injure the synovial membrane. Esmarch's bandage is used in a great many cases, but blood is liable to escape and fill up the wound after the operation, while if no bandage is used all the blood can be removed before the wound is closed. A curved transverse incision was made just above the patellæ, which commenced and ended at the posterior margins of the femoral condyles. As was expected the quadriceps tendon was torn apart in the centre, leaving only the lateral band attachments to the patella. The same saline sterilized solution which was used in skin grafting, was used to thoroughly wash out the sanguineous extravasation that had occurred in the tissue. Quite a number of operators use weak antiseptic solutions, (e. g. carbolic solutions) but it is found that any of these solutions damage more or less the epithelium of the parts. The patella was drilled through, an operation must be done slowly, on account of the liability of splitting patella. Two double strand catgut sutures were passed through the patella and the rectus tendon, which was found to be considerably drawn up under the rest of the quadriceps tendon. A few deep catgut sutures were then made through the entire quadriceps tendon and patella, and the entire wound closed by a continu-

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ous silk suture. A little rubber tissue, which is non-irritating to the tissues, and affords good drainage, was placed in the extremities of the wound. The wound was covered with rubber tissue, compresses, cotton, and bandaged, then the limb was bandaged to a well padded posterior splint which was prepared for it. The splint being simply a flat board five inches in width with a similar shorter piece tacked on the end, forming a right angle; the perpendicular of the right angle reaching from the foot to the proximal end of the thigh and the base being applied to the plantar portion of the foot. In five or six days the rubber tissue drainages will be removed.

TUBERCULAR KNEE. The next patient was a boy eighteen years old, whose history in regard to general points was negative. There has been no traumatism, but the patient has been troubled for the last eight years, and during that time has been under treatment of various kinds. Last July it was noticed that the knee-joint was slightly flexed and the leg rotated outward, which indicated more or less destruction of the articular surfaces of the bones and lateral ligaments. Mobility of the joint was not impaired to any great extent, and there were no signs of acute inflammation. The swelling of the joint, which was soft and flabby, was made more conspicuous by a small amount of atrophy of the muscles of the leg and thigh. The diagnosis was that of a chronic very slowly progressing tubercular change which affects chiefly the synovial membrane, but extends into the para-synovial tissues, articular cartilages and bone. Any orthopædic operation would be rendered useless on account of the destruction of the tissues to such an extent that no spontaneous cure could be effected. It was evident that timely surgical treatment should be adopted to eradicate the disease, and this could only be done by a complete removal of the entire joint, thus bringing together the flat ends of the tibia and femur. The limb was rendered bloodless by using Esmarch's constrictor so that the operator would be able to identify the tissues, and patiently explore every nook and cranny, removing every fragment of tuberculous infection.

A curved incision, convex downwards was made across the front of the knee below the patella, which extended two thirds of the way around the leg; the skin and subcutaneous tissue being divided at one sweep of the knife, and carefully turned back for future

use. The patella with its attached aponeurosis was removed, and was found to be covered with very characteristic tubercular tissue. The pouch beneath the quadriceps tendon was tubercular, and the semi-lunar cartilage of the femur was destroyed, with only a little erosion of the upper end of the tibia, which was seen to be very distinctly diseased. The plan of the saw-cut in an antero-posterior direction must be parallel with the plain of the free surface of the condyles, and not at right angles to the shaft of the femur as is erroneously explained in some text books. During the sawing-process the condyles were grasped and steadied by loin forceps. The bone of the upper end of the tibia was cleared with a knife for the passage of the saw, which was kept precisely parallel with the articular surface. Small unhealthy areas were found near the external edge of the tibia, which were removed by a gouge, rather than to sacrifice another layer of bone. In case of ankylosis, the leg should be slightly flexed, but where the bone is taken off in this way, leaving the limb slightly shortened, the bone should be left straight. The Esmarch's bandage was removed, and bleeding arrested by pressure of a sponge or with ligature, and the cavity thoroughly irrigated with the saline solution, and afterwards with a stronger antiseptic solution, because the main object in view in this operation, is to remove all tubercular deposits, eroded cartilages, or caries which might exist in the bone. It was thought best to give up the old method of using nails or metallic sutures to unite the bones, because it is observed that the primary union is apt to be hindered, that the subsequent removal of the nails or metallic sutures is attended with some danger to the newly adhered parts, and that the presence of these foreign bodies may excite some mischief in the wound, and wire is no good, because upon slight pressure it cuts through the bone. Silk sutures are stronger than catgut, but the operator likes the catgut the best, consequently the catgut sutures were used in fixing the bones together, and in uniting the edges of the tendons and muscles. Carefully applied skin sutures were used, and rubber tissue was inserted at the extremities of the wound to serve as capillary drains. The wound was covered with rubber tissue, and heavy cotton bandages. The entire limb with the exception of the toes was then immobilized by applying a plaster

of paris bandage, with a few small splints placed laterally and posteriorly. Care should be exercised in handling the patient at this stage of the operation, on account of pulling the leg away from the thigh bone. The operation lasted nearly an hour.

ULCER OF LEG.

Thiersch's Skin Grafting. The next patient was a man, thirty-five years of age, with extensive ulcer on anterior surface of left leg, which has resisted treatment for four years. All the ulcerated surface including about half inch around the margins was removed, so as to be sure of the removal of all the diseased parts, leaving an area 3 by 5 inches, which had for a floor in some places, the periosteum of the tibia. Skin grafting has been accomplished with good results, by taking the grafts from other persons, but the grafts in this case were taken from the anterior surface of the thigh of the same limb. Thin grafts, apparently as thin as tissue paper, take as well as thicker ones. The weak saline solution, and accurate coaptation to the wound-surfaces are necessary in order to secure favorable results.

CANCER OF THE TONSIL TREATED BY LACTIC ACID.*

BY E. FLETCHER INGALLS, M. D.,
CHICAGO.

G. R., a man, aged fifty-nine, came to me the 13th of July, 1891. He stated that about a year previously he began to be annoyed by an excessive quantity of mucus in the throat, and a sensation of an unusual enlargement or lump which interfered with swallowing. He experienced pricking sensations in the part at times. The trouble had been steadily growing worse during the six months immediately preceding his visit. His strength was good, but he had lost eighteen pounds in flesh, though his appetite and digestion remained fair. No hereditary or other cause could be assigned for the affection.

Upon examination of the throat, the diseased right tonsil was found fully four centimetres in diameter, with thickening extending from the gland to the anterior pillar of the fauces and the uvula. The diseased tonsil could be felt externally, but the cervical glands were not involved. I learned that this enlargement had all taken place within the previous few months.

Diagnosis.—Sarcoma of right tonsil.

*Read before the American Laryngological Association at its fourteenth annual congress.

Treatment.—A week later the entire gland was removed with the steel wire écraseur and the thickened uvula was at the same time taken off. The wound had nearly healed in three weeks, and I did not see the patient until about a month later, when he returned, complaining of a peculiar taste from the secretions in the throat. I found that the wound had healed, excepting a small spot six to ten millimetres in diameter, but new deposits had taken place at the site of the tonsil, forming a tumor about fifteen millimetres in diameter by six or eight in thickness.

To the ulcerated portion of the growth I applied a sixty-per-cent. solution of lactic acid, and the patient was given a weak solution of carbolic acid to use as a gargle. Similar applications were made every three or four days for about three weeks, with the effect of improving materially the appearance of the surface of the ulcer, which shortly after completely healed; but at this time thickening was noticed back of the posterior pillar in the right side of the pharynx, which rapidly increased in size until at the end of three weeks it measured about eight millimetres in thickness by ten in width and thirty in length. He suffered in the mean time some severe neuralgic pains, radiating from the tumor to the ear and side of the neck. There being no possibility of removing this thickened mass, it was injected with five minims of a twenty-per-cent. solution of lactic acid. At this time and for some weeks later profuse bleeding followed each injection. The strength of the solution was gradually increased to sixty per cent. of the acid, but this latter proved too strong, and two or three times occasioned sloughing, though the abscess formed would heal kindly. Subsequently the strength of the solution was reduced to fifty per cent. of the acid, and from eight to ten minims were injected in one or two places about three times a week, with the result of speedily diminishing the size of the indurated mass into which it had been thrown. The cancer, however, progressed, affecting the base of the tongue, the side of the pharynx, and the right side of the larynx, at times causing much difficulty in deglutition and often a good deal of pain; but the injections would reduce it, each time apparently causing the disappearance of a mass of the growth six or eight millimetres in diameter. By following up this plan until the present time the disease has been kept so far in check that

the patient has been able to swallow with comparative comfort most of the time, and has had no difficulty in respiration, the condition now, ten months after the first injection, being but little worse than it was at that time, excepting that the disease has extended slightly to the cervical glands. During the progress of the treatment masses the size of a large filbert have been frequently caused to disappear in a few days.

The free bleeding which, during the first three or four months, usually immediately followed the injection has not occurred latterly, and no sloughs have formed when a solution not more than fifty-per-cent. strong has been employed. In all cases where sloughs have been produced the cavities have healed readily with one exception; in this a small opening remains, but the surface has healed.

The injections have always been made deep into the tissues and have sometimes given very considerable pain, which has lasted in some instances for several hours, but, on the whole, the amount of suffering has not been great. On several occasions when the disease was spreading rapidly in the base of the tongue or in the pharynx, three or four injections have reduced it again almost to the normal condition. The patient has experienced considerable inconvenience from the injected solution running out of the opening as the needle was withdrawn, or from the needle having been thrust into a cavity, formed by some former injection, which communicated with the surface so that the acid would run down to the larynx and cause severe coughing and spasm of the glottis; but these spasms have always disappeared in a few seconds.

To-day the patient's general health and strength remain good. He seems to have lost but little if any in flesh, and I feel satisfied that his life has been prolonged for several months, though gradual extension of the disease beyond the reach of my hypodermic needle warns me that a time is coming when my efforts will prove futile. The injections into the base of the tongue and larynx have been made by means of a hypodermic point soldered into a firm bent brass nozzle about four inches in length, which was attached to an ordinary hypodermic syringe. Usually from six to twelve minims of a solution varying in strength from thirty-five to fifty per cent. have been employed at each sitting, and on a few occasions, where considerable pain was caused or expected, a small amount of cocaine has been added to the solution.

I have followed the injection of the acid immediately by a spray consisting of morphine, gr. iv; carbolic acid and tannic acid, aa. gr. xxx; glycerin and water, aa. f3iv, with the effect of materially reducing the pain caused by the injections, lessening the hæmorrhage, and thoroughly disinfecting the throat.

Though the treatment of this case has not been curative, it suggests the possibility of retarding the growth of cancerous tumors not accessible to the knife by the use of interstitial injections of lactic acid. I hope that others will try it in similar cases, and also for the reduction of glandular enlargements. I would recommend that whenever used beneath the skin the amount should not exceed ten or fifteen minims of a solution of from twenty to forty-five per cent. of the acid.

The needle used for the purpose should be cleaned with alcohol, and it is well to have a small amount of some light oil, such as liquid albolene, drawn through it, directly afterward, to prevent rusting.

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A CLINICAL LECTURE.

DELIVERED AT BELLEVUE HOSPITAL, NEW YORK, BY PROF. A. L. LOOMIS, PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

Tuesday, Nov. 22, 1892.

Gentlemen.—The patient before us is a man, twenty-four years old, who gives a good family history. His own history is that he has had no illness except measles and the other ordinary diseases of childhood. His occupation is that of a truck-driver and his habits those of an excessive drinker. His present illness began three weeks ago, and the first thing he noticed was a shortness of breath on exertion, and swelling in the legs, particularly after standing up for any length of time. His urine has a specific gravity of 1027; is acid and contains no casts or albumen. Now we must find out the cause of this œdema of the legs. It may be the result of a heart, kidney, or liver lesion. In this case we can easily exclude kidney disease. If he had nephritis we would find evidence of it in his urine. Therefore as the urine is normal we eliminate renal disease as the cause of this œdema. As for the liver, on physical examination we find nothing to warrant us in diagnosing any liver disease. Besides this man has had no abdominal swelling, and if the œdema of the legs were due to liver changes, we should have had, previous to this œdema, the presence of fluid in the peritoneal cavity.

Now in approaching our diagnosis, we have the following things to consider: first, that the œdematous parts pit on pressure, thus proving that it is true œdema; second that the œdema disappears on his lying down for a considerable length of time, and third, that it is confined to the legs. We now naturally look to the heart, and although the man has complained of no cardiac trou-

ble, still a patient may be afflicted with a heart lesion, and suffer from it no distress that would attract his attention.

On examination of this patient's pulse we find it to be feeble, irregular, and intermittent. We also discover a double murmur at the base, but it is slight and gives no evidence of an extensive lesion. The apex beat is normal.

œdema of the lower extremities in heart disease is the direct result of a mechanical process. There is a stasis of blood in the dependent blood vessels and a consequent transudation of serum from these dependent vessels. If it were due to renal disease, it is because of changes in the blood itself.

The murmur in this patient's heart is not of such a nature as to warrant the belief that a lesion exists there sufficient to cause this œdema. But it is also true that this œdema is due to the heart disease, but the disease is simply a feebleness, a weakness of its muscular power. We will now consider the nature of this weakness and its cause. Alcohol used to excess acts directly on the nervous system in a deleterious manner and in extreme cases gives alcoholic neuritis. In this disease, or modifications of it, the muscles, owing to the depressed nervous system, suffer from lack of nutrition, in consequence of which they weaken and atrophy. Now since alcohol, used to excess, will cause such conditions, it is reasonable to assume that even in less quantities it will cause like conditions, but to a less degree. Of all the muscles of the body the heart muscle is the most likely to succumb to the effects of alcohol. Its muscular fibres may suffer a lack of nutrition through a diseased condition of the coronary arteries, or through a diseased condition of the aorta, thus effecting the flow of blood into the arteries that supply the heart. In the former case we get a fibroid heart, and in the latter a fatty heart.

In addition to interference with nutrition we get a diseased heart through the action of certain poisons upon the system, and first and foremost among these poisons is alcohol. Its poisonous effects are more pronounced than those of opium or uræmia. Alcoholic degeneration of the heart is a serious condition. When an alcoholic contracts pneumonia his case is grave, because the heart, having been abused and consequently weakened, and when, in this disease, it is called upon to face great odds, although it may fight vigorously for a while, soon its lessened energies collapse and its beats are stilled. The same conditions are

true of all acute diseases, that is the heart is unable to meet the emergency and the patient dies, as they say, of "heart failure."

This then, gentlemen, is the condition of the heart in this patient. It is weakened and is unable to adequately perform its functions. As a result there is a stasis of blood in the veins of the legs and a transudation of serum. We will now consider the treatment applicable to such a patient. It would be unwise to treat this as a cardiac lesion, pure and simple. Our first attention must be to the removal of the cause and then to the general nutrition. His heart needs rest and food that it may regain its former strength. A weakened heart is doubly dangerous in that its very weakness may result in serious lesions. Take for illustration the heart of a patient convalescing from typhoid; it is weak, flabby, and soft. Post mortem, if you should hold the heart in the hand, it would flatten out and appear from its inconsistency to be almost shapeless. A patient with such a heart should be watched carefully. He can easily overtax his heart, this resulting in dilatation, a condition from which he will probably never completely recover. A like care must be exercised in the heart of the patient who lies before us. Keep the patient in bed, give him tonics and easily digested, nutritious food and remember that his heart trouble is secondary to nervous depression, giving loss of nutrition to the organ, and it is this loss of nutrition that we must try and rectify.

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gentle tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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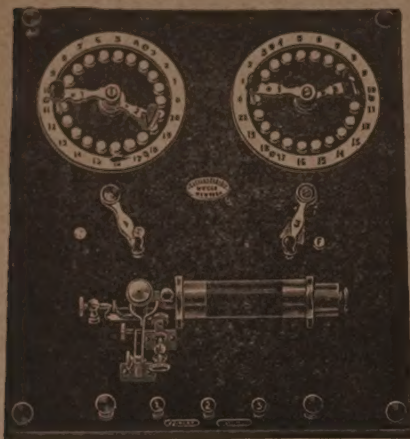
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OBITUARY.

Dr. Edwin Gale Freligh, of No. 11 West Thirty-fourth street, died Dec. 11th of heart failure, from which he had been suffering for a long time. He was born in Saugerties, Ulster county, N. Y., on August 2, 1838, was educated at the Rhinebeck Academy and in the Chelsea Collegiate Institute, was graduated from the New York Medical School in 1860 and practised his profession ever since.

Dr. Fitch E. Oliver, of Boston, died at his home in that city last week, at the age of ninety-one. He was born in Cambridge, educated at Andover and Dartmouth, graduating from the latter in the class of 1839. Then he went to the Harvard Medical School, graduating in 1843. After a year of study in Paris he began practice in Boston. Dr. Oliver was instructor in the Harvard Medical School from 1860 to 1870, and one of the visiting physicians to the city hospital from 1864, the time of its establishment, to 1872. He was a member of the Massachusetts Medical Society and the Boston Society for Medical Improvement, the Massachusetts Historical Society and corresponding member of the Medico-Chirurgical Society of Glasgow. In 1848, in connection with Dr. Morland, he translated Chomel's treatise on "General Pathology." From 1860 to 1864 he was editor of the *Boston Medical and Surgical Journal*. On July 17, 1866, he was married to Miss Susan Lawrence.

Died on Monday, Dec. 5th, at 138 12th st., Long Island City, Salvador J. Lahey, M.D., in the 62d year of his age.

Dr. Elisha Bacon Shapleigh, a well known physician, who was for a number of years Coroner's physician in Philadelphia, died in that city, Dec. 8th; aged 68.

Dr. M. P. Brennan, house surgeon at the Wabash R. R. Hospital at Moberly, Mo., died at that place Dec. 11th; age 26.

MARRIAGES.

The wedding of Miss Amelia Robertson Murray, a daughter of Mr. and Mrs. James Irvin Murray, to Dr. Willard Avery Heacock, took place Dec. 8, at eight o'clock, in the Park Presbyterian Church, this city. The pastor of the church, the Rev. Anson P. Atterbury, officiated.

Married at Midville, Ga., Dec. 12th, Miss Nina Coleman to Dr. Geo. Smith.

SOME OF THE USES OF PEROXIDE OF HYDROGEN IN GENERAL SURGERY.

BY THOS. H. MANLEY, M.D., NEW YORK.

Since Marchand placed on the market, a pure, unadulterated peroxide of hydrogen, and Morris of New York, called attention to the marvelous power of this preparation as a deodorizer, the profession has very generally employed it in such pathological conditions, as will enable us to apply it directly to the diseased surfaces. In general medicine it has been employed on an extensive scale in the phagedenic sore throat of malignant scarlatina, diphtheria, and other maladies.

In surgery, it has been particularly recommended in non-malignant, suppurating sores

Since it has now come to be very generally known, that with very few exceptions all chemical solutions of sufficient potency to kill germs, possess such irritating properties, as to interfere with healthy cellular proliferation, there has been a demand for something which might nullify germ activity, and at the same time, in no way interfere with the recuperative energy in the histological elements. In a large class of cases peroxide of hydrogen seems to provide this want.

In the Harlem Hospital and Dispensary service, the peroxide, Marchand's medicinal, is largely em-

ployed; and, in appropriate cases, with better results, than with any other agent.

It seems to possess a special affinity for the lethal elements, in all suppurating processes, which tend to run into chronicity.

We have largely employed it in those cases of fistular sinuses, so seriously resulting from suppurating lymphatic glands in children and adults; as well as in those buboes which are sure to heal and discharge for a long time, a seropurulent matter.

The only class of sinuses, in which its use should be employed with caution, are those in which the fistula extends into a lesion in the osseous elements

In many cases, in which a long, deep rent has been made in the tissues, in strumous subjects, in which healing processes are delayed, its employment is very satisfactory, in effecting primary union. Now, whether it acts as an antiseptic; or, by imparting fresh vitality to the cells, is a question, by no means settled.

When we use it, it should be applied in such strength as different cases require. In foul smelling, copiously discharging processes, it may be used in a concentrated form, while in milder cases, particularly in children, it should be diluted.

In my own private practice none has given me so much satisfaction as that manufactured by Chas. Marchand; and as we have seen in Dr. Squibbs' "Ephemeris," for this year, this preparation seems to be regarded by chemical analysis, to maintain a high and uniform standard of strength and purity.—*N. E. Med. Monthly.*

A RARE CHANCE.

Wishing to devote my entire attention to a specialty in a larger city, I will sell my practice, which pays from \$8,000 to \$10,000 a year to a thoroughly competent man for \$5,000 cash. The practice has been established 10 years in a city of 10,000 inhabitants, on the line of one of the principal Railroads and is the largest place within 60 miles. Will remain with buyer long enough to thoroughly introduce him. Address: "Medicus," care DOCTORS WEEKLY.

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BALTIMORE, MD., 8, November 1887.

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relating to any department of the journal, should be addressed.Subscription \$2.00 a Year. Single Copy by Mail
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A NATIONAL QUARANTINE LAW.

President Harrison in his recent message to Congress strongly urges the importance of placing the entire quarantine system of this country under government control and it now remains for our national legislators to formulate a law that is easy, simple and effective. All state quarantine laws and regulations should be properly changed and modified so as not to conflict with such general law in any way whatever. We cannot as a nation longer occupy a position of apparent indifference on this important subject with any degree of safety. Our own hope of security must come from the establishment of a thoroughly organized and equipped sanitary system under control of our Marine Hospital service, and this service should assume the entire responsibility of protecting our seaports against the introduction of contagious diseases of every description.

INJECTIONS OF EXTRACT OF SHEEP'S THYROID IN MYXÆDEMA.

A. Napier (*Glasgow Med. Journ.*, September) reports the following case: A woman, aged 54, suffering from myxœdema, was treated with subcutaneous injections of extracts of sheep's thyroid. Treatment was begun on May 12th, when one gramme of a watery extract of fresh thyroid was injected into the subcutaneous tissues between the shoulder blades with a carefully disinfected Koch's syringe. The treatment was continued till June 25th, when the patient was discharged much improved, sixteen injections in all having been given. A variable degree of rise of temperature was noticed after each injection, and a small abscess formed near the site of injection. As early as May 16th the patient herself noticed that her skin was looser and softer than it had been, and the author states that there can be no reasonable doubt that most marked and manifest improvement followed immediately on the adoption of the treatment.

THERAPEUTIC EFFECTS OF TESTICLE JUICE.

Brown-Sequard (*Soc. de Biol.*, October 29th) sums up the experience so far accumulated as to the therapeutic effects of testicle juice as follows: In more than 100,000 injections the procedure has only on two occasions been followed by rise of temperature; hardly any pain has been complained of, and no symptoms of septic infection have been observed. In 120 cases of ataxy in which the method has been used there have been only two instances of failure. In four cases of cancer improvement has taken place, discharge being diminished, pain ceasing, bleeding being checked, œdema disappearing, and the tumor seeming to shrink. In cases of uterine fibromata the tumor has always been reduced in size. Of seven cases of paralysis agitans two have been improved, one of them being almost cured. In all the cases of lateral sclerosis in which it has been tried, the method has given good results. In tuberculosis it has been very successful; diabetes has also been favorably influenced, and one case has been cured. The preparation, as prepared by d'Arsonval, is now of the strength of 1 in 2.5 instead of 1 in 5, as it used to be. An equal weight of water should be added to it before use; this prevents the injections causing pain.

SOUTHERN MEDICAL COLLEGE ASSOCIATION.

On the 16th instant delegates from fifteen southern medical schools convened in Louisville to consider the question of raising the standard of medical education and extending the time of the college course.

Prof. J. M. Bodine, Dean of the Medical Department of the University of Louisville, and well known as the leader of the reform medical education movement of some eighteen or twenty years ago, was called to the chair.

The plan of forming a college association was heartily indorsed, as presented by Drs. W. T. Briggs and C. C. Savage, the committee appointed at the conference held in Nashville last July.

A committee was appointed, composed of Dr. W. T. Briggs, Dr. J. V. Marvin, and Dr. J. S. Cain, to which was referred the following points:

1. Shall we effect an organization of Southern medical colleges?
2. Shall we extend the time of attendance on lectures to three courses?
3. What shall be the preliminary

requirements of students, and how shall they be ascertained?

The committee reported favorably on the three questions submitted, and the report was unanimously adopted. The report embodies the extension of the lecture term from two sessions to three sessions of six months each, to be attended in three different years, and provides that no student may matriculate who has not a diploma from a literary school, a certificate from a high school, or a second-class teacher's certificate from his County Superintendent of Education.

Permanent officers were elected as follows: Dr. J. M. Bodine, of Louisville, President; Dr. W. D. Haggard, of Nashville, Vice-President; Dr. G. C. Savage, of Nashville, Secretary and Treasurer. Unless otherwise ordered by the President, the annual meetings of the convention will be held at such times and places as mark the meetings of the Southern Surgical and Gynecological Association.

The new regulations with regard to colleges will go into effect with the sessions of 1893-94.—*Am. Prac. and News.*

GARDNER'S SYRUP OF HYDRIODIC ACID. HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metallic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND, M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well known that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food; for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892.*

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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Eclectic, 239 E. 14th.
Homœopathic and Free Hospital, Eastern Boulevard, 63d and 64th.
New York Medical College and Hospital for Women, 213 W. 54th.
Post-Graduate, 225 E. 20th.
Polyclinic, 218 E. 34th.
University City of New York, 410 E. 26th.
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Church of the Holy Communion, 328 Sixth ave., daily at 4.
Demilt, 401 2d ave., 8 to 5; Sundays, 9 to 10, 1 to 2.
Dental, 245 E. 23d, 9 to 12.
Deutsche Poliklinik, 411 6th st., 1 to 5.
East Side (Harlem), 306 E. 115th, 2 to 4.
Eastern, 57 Essex, 9 to 5 Sundays, 9.30 to 10.30.
Eclectic, 239 E. 14th, 2 to 4; Tuesdays and Fridays, 1 to 3, for nervous diseases.
For Children, 407 W. 34th. (Sisters of St. Mary), 1.30 to 2.30.
Fordham, 2511 Vanderbilt av., 2 to 3.
German, 137 2d av., 2 to 5.
German (West Side), 411 W. 38th, 2 to 4.
Gouverneur, Gouverneur Slip, cor. Front, 10 to 12, 2 to 4.
Harlem, 160 E. 126th, 1 to 3.
Harlem (Eye, Ear and Throat), 80 E. 125th, 2 to 3.
Manhattan Eye and Ear, 103 Park av., 2 to 4.
Metropolitan, 303 W. 43d, 1 to 3.
Metropolitan (Throat), 2 to 4.
Mt. Sinai, E. 66th, cor. Lexington av., 1.15 to 4.
New Amsterdam Eye and Ear, 212 W. 38th.
New York, 137 Centre, 9 to 5.
New York, Eye and Ear, Second av. & 13th., 12 to 3.
New York Homœopathic (Medical College), 201 E. 23d, 10 to 4.
New York Hospital, 7 W. 15th, 2 to 4.
New York Infirmary (For Women and Children), 5 Livingston pl., 9 to 11.

New York Medical College and Hospital for Women, 213 W. 54th, 10 to 12, 1 to 4.
New York Medical Missionary Society, 7 Nassau. Dispensaries: 81 Roosevelt. Tuesdays, Thursdays, Fridays and Saturdays; 39 Pitt, Wednesdays and Fridays; 310 W. 54th, Mondays, Wednesdays, and Fridays.
New York Ophthalmic and Aural Institute, 46 E. 12th, 2 to 3.
New York Ophthalmic Dispensary, 201 E. 23d.
New York Orthopedic, 126 E. 59th, 1 to 3, except Saturdays and Sundays.
New York Polyclinic, 214 E. 34th, 9 to 5.
New York Post Graduate, 226 E. 20th, 9 to 7.
New York Skin and Cancer, 243 E. 34th, 2 to 4.
Northeastern, 222 E. 59th, 9 to 5; Sundays, 9 to 10, 1 to 2.
Northwestern, 403 W. 36th, 9 to 4.
Northern, Waverly pl., cor. Christopher, 8 to 5.
St. Andrew's Infirmary for Women, 108 E. 28th, 2 to 3, except Sundays.
St. Bartholomew's, Skin and Venereal Diseases, 300 W. 36th.
St. Chrysostom's, 550 7th av., 3 to 4, except Tuesdays and Thursdays.
St. George (for Women and Children), 18 Clinton pl.
St. Mary's Free Hospital and Dispensary for Children, 405 W. 34th.
The Twenty-five Cent Provident, 13 Clinton pl., 3 to 8.
Tompkins Square Homœopathic, 261 E. 4th, 1 to 3.
Trinity, 36 State, 9 to 11.
Twenty-third and Twenty-fourth, Wards Dept. Pub. Char. and Cor., 730 Westchester av., 10 to 4; Sundays, 2 to 3.
University Medical College, 408 E. 26th, 10 to 4.
Vanderbilt Clinic, 60th & 10 av.
Western, 201 W. 38th, 10 to 4.
Wilson Mission, 131 Av. A, 10 to 12.
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LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For Cystitis, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

THIOL vs. ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proven of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.—*The American Therapist.*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York.

SMALL PARKS.

Recent sanitary progress has directed marked attention to the want of an abundant air supply in the densely peopled districts of American no less than of European cities. This want is an effectual agent in increasing the virulence of epidemics. It is also a constant cause of poor health, of susceptibility to disease, and of inability to recover from ailments of any description. This broad fact is demonstrated all the time in the daily practice of medicine. Recently the prevalence of cholera in cities like Hamburg has brought it into great prominence.

From the great attention given the subject of public parks, since the beginning of the present century, one would not suppose this great sanitary defect still so prominent. All large cities have, especially within the last fifty years, expended vast sums of money in purchasing land by the hundreds of acres and in adorning the same in the most elaborate manner as popular resorts and as lungs for the city. New York, Chicago, Baltimore and Philadelphia furnish examples of this fact on a most extensive scale.

Now, experience shows, that these vast artificial parks, necessarily on one side of a city, even when named Central, do not accomplish either their purpose as lungs for the city, or as places where the great masses of working people, with their families, can enjoy the beauties of a magnificent Nature.

Go to New York for example, and what do we see around its splendid Central Park, purchased, ornamented and sustained by the taxes of all its inhabitants? Not the dwellings of the working people, but the palatial residences of the wealthy, who, also, in the hot summer months, leave the city and go to the seaside, or the mountains. The people who least need the country advantages of the Central Park are the very class who get these advantages, and virtually throw them away.

Even on Sundays and holidays, only those in comparatively comfortable circumstances can afford to visit this great show ground with their wives and children. Street-car fares effectually preclude this. On Sundays what do we see at the Central Park? A long procession of carriages, filled with the rich, and drawn by the finest of horses, a rare spectacle for the thousands of shop-keepers who come to gaze; or else for the comparatively small number of labor-

ing people who live in the neighborhood.

No one who has made a study of Hyde Park, the Bois de Boulogne, et cetera, can realize how very little these volunteer resorts add to the air supply of London and Paris, and how almost exclusively they are mere appendages to the fashionable and non-productive world.

In all these cities sunshine and pure, fresh air—Heaven's free gifts—are but rarely enjoyed by thousands, while, also, the great majority of children grow up in absolute ignorance of the beautiful world so near and yet so remote, and about which they read so much in the public schools, where a large part of each day is spent.

An able writer in the October number of the *Popular Science Monthly* states, that "of a class of about thirty girls, from eight to thirteen years of age, living east of the Bowery, only three had been in Central Park and only four had ever visited the country." This fact is only an index, a pointer. What a commentary upon the boasted progress of municipal comfort in the greatest of American cities. The gross defects of this state of things have not escaped the attention of the sanitarians and educators. Recently an effort has been made in Boston for establishing small parks, so as to benefit the masses. Perhaps the most persistent worker in this field is Charles Frederick Wingate, eminent as a writer and journalist, and by profession a sanitary engineer. He has paid special attention to the problem of workingmen's homes in cities, on which he has written voluminously in the New York daily press. In 1887 he was instrumental in securing the passage of a bill to amend the tenement house law and the small parks bill. In a very few years hence New York and our other vast cities will be adorned with numerous miniature parks in convenient walking distance of its crowded population. For no other result of that public health movement which has given the name of "Sanitary Era" to our own time is more marked than is the attention now directed to the wants of the masses in overcrowded cities and towns.

We have in Tennessee four cities already of note, and which, in a few decades, will be populous centres. The rulers and the thoughtful people in these cities should at once take hold of this topic and place them far in the advance by providing numerous small parks which shall truly be lungs to the

city and convenient resorts for all the citizens. This can now be done. In a few years it will be impossible, for the spaces which should be parks will be occupied by costly buildings.

City rulers should be aware of the coming criterion by which they will be judged. Mere population will not give a city fame. Healthfulness is the first and indispensable requisite. Not numbers, but a low death rate, which signifies a high health rate.—*Tenn. State Board of Health Bulletin.*

A VOICE FROM THE ARCTIC.

Dr. F. A. Cook, who was with Lieutenant Peary on his famous North Greenland Expedition, and which resulted in the closest approach to the pole yet attained, writes the following letter to the Antikamnia Chemical Co., which will be of interest as showing how an approved product becomes far-reaching in its work:

NEW YORK CITY, N. Y., }
338 W. 55th St., Nov. 2, 1892. }
Gentlemen:—The Antikamnia which you sent for use in the North Greenland Expedition, I used with gratifying results.

For Rheumatism, Neuralgic pains, as well as the pains which accompany the Grippe, it has no equal. Yours respectfully,

F. A. COOK, M.D.,
Surgeon and Ethnologist of the
North Greenland Expedition.—
From Notes on New Pharm. Prod.
Nov., 1892.

HIGHLAND

Mineral Spring Water.

From
Lewiston, Maine.

A Soft Natural Water entirely free from organic impurities.

ANALYSIS.

Carbonate of Iron.....	1.100 grs.
Oxide of Iron.....	0.310 "
Chloride of Sodium.....	1.000 "
Sulphate of Soda and Potash.....	0.310 "
Carbonate of Soda and Potash.....	0.831 "
Carbonate of Magnesia.....	1.230 "
	4.781 grs.

All of the above minerals and five of them in the exact form in which they are here given, are found in the human blood of which they form a most essential element. These constituents explain its great value in the prevention and cure of disease

Natural Water with Natural Gas
The Most Easily Assimilated
of all Waters.

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PURITY IS OF FIRST IMPORTANCE IN MEDICAL PRACTICE.

Owing to the difficulty of obtaining supplies of absolute purity and uniformity, many valuable medicinal agents are reluctantly discarded by the medical practitioner. This may be said of olive oil, a time-honored remedy for infantile constipation, and for facilitating the rapid and painless passage of gallstones and urinary calculi in adults. Appreciating the importance of supplying the medical profession with an absolutely pure olive oil for medicinal use, the California Vintage Company, 21 Park Place, New York, began importing such an oil some two years ago and called it to the attention of the local profession. Their olive oil, under the name of "the CALVICO brand," grew so rapidly in professional favor that they soon found it necessary to increase their importations from time to time until now they are able to supply it in unlimited quantity and of uniform purity and excellence. Of course this brand of olive oil is much superior to any other in the market for table use. Every bottle bears the trade-mark CALVICO on its label. We have used it for some time and therefore write from a personal knowledge of the superiority of the article mentioned.

Physicians may obtain the CALVICO brand of olive (sweet) oil through local druggists or high class grocers, or direct from the California Vintage Company, sole importers, 21 Park Place, New York City, who are also extensive dealers in pure wines, and brandies, for medical use.

PROBABLY no single article in the Materia Medica has received as much attention from Clinicians and Chemists alike during the past decade as Pepsin and no other agent has been improved in an equal degree.

As offered to the profession but a few years ago it was most offensive in odor, but sparingly soluble and its solvent power was, as compared with the present high standard of Webber-Pepsin S. & D. (1 to 6000), puerile.

The presence of mucus or peptone or both was regarded as inevitable, ditto the odor of putrefaction.

It remained for J. Le Roy Webber, a chemical expert, associated with Sharp & Dohme, and an authority on Digestive Ferments to discover a method of producing a soluble, non-hygroscopic, inodorous, permanent pepsin that under the conditions of the official test of the U. S. P. will digest 6000 times its own weight of coagulated egg-albumen.

This is

WEBBER-PEPSIN S. & D.

Patients take this Pepsin without repugnance as by the removal of all putrescible matter it becomes entirely palatable.

This pepsin is peculiarly adapted for dispensing as a perfect solution—can be made in water in a few minutes even without the addition of acid.

When you receive your sample, Doctor (and this can readily be procured by addressing the sole manufacturers, Sharp & Dohme, Baltimore, Md.), add about 1 grain to a fluidrachm of water and note how perfectly soluble it is.

Note the absence of odor and the pleasant taste.

Then prescribe it.

A PECULIAR CASE OF SCARLET FEVER.

BY BONIFANT R. HARMON, M. D.,
DYE, PLATTE CO., MO.

During an epidemic of scarlet fever which prevailed in this section in the spring of 1892, I encountered a very peculiar case, that was very interesting to me. Thinking that it might be of some interest to the profession, I have decided to submit it for publication.

D. C., girl, four years old, well nourished, good family history, etc.

I will state before giving the details of this case, that two of her sisters were well developed cases of the malady, and had been under treatment four days at the time I was asked to examine this child.

March 12th, 8 a. m., being the date of examination. The examination, viz.: Tem. 104.4°F.; pulse 120; hurried respiration, sore throat, vomiting, hot, dry skin, strawberry tongue, some enlargement of the tonsils, cerebral symptoms marked, but no eruption.

After thinking over the case a few moments I came to the conclusion that I had a case of "scarlatina sine eruptione," and I put the case on the following treatment: Antifebrin 2 grs., every three hours; Tr. Aconite radix 1^m, every one and one-half hours, and ordered sponging of the arms as high as the elbows and of the legs as high as the knees with cold water every three hours, and also a cloth saturated with cold water to be kept continually applied to the forehead. I called again at 6 p. m., finding my patient feeling much better. Temperature had fallen to 101°F., pulse 84, respirations corresponding. I ordered the continuation of the foregoing treatment and a dose of castor oil additional. Returning the following morning, I found my patient's temperature normal, pulse 74, bowels having moved freely from the action of the oil. I withdrew all the medicaments and ordered a light diet. There was no more complaint until March 20. While paying a visit to another of the family that morning I was notified that this same little girl had been complaining during the morning. Renewing my attention to this case I found a scarlet eruption appearing about the chest and neck. In the course of an hour she was completely enveloped in a scarlet eruption. Other symptoms not being so severe as on the 12th, inst. The cerebral symptoms were not marked as they were previously. The climax of temperature being only 102.2°F., pulse 96. Eruption began

to fade on the third day, and recovery ensued rapidly.

Now I would like to ask the profession the following questions concerning the case:

1st. Whether my treatment in the case had any effect in checking the disease, and thereby allowing the system to recuperate sufficient strength to better resist the action of the "*micrococcus scarlatinae*."

2d. Whether my treatment had simply attenuated the specific virus.

3d. Or, would this case have run the same peculiar course regardless of treatment.

Now should any of the profession feel disposed to reply to these questions I would be much pleased to hear from them.—*N. W. Med. Jour.*

"For my patients who need a uterine tonic and alterative, I prescribe Ponca Compound and secure much benefit from its use for those who have a painful flow and irregularity in time and quantity. It may be said to act as a tonic as also an alterative to the womb and ovaries."

PEARSON CHAPMAN, M. D.,
Perryman, Md.

Mamma—"Where are you going?"

Wee Woman—"Just over to Susie Stuckupp's. I'll be right back."

Mamma—"What are you going there for?"

Wee Woman—"I heard Prof. Heardhead tell papa that the moss agate isn't moss at all, but only some sort of an ox hide of man an' geese. Susie's got one, an' I'm goin' to tell her."—*Good News.*

Apioline-Chapoteaut.

The true active principle of parsley.

For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine says:—

In two obstinate cases of Dysmenorrhea, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhoea in which I have tried it is especially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years. I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it as often as I have cases demanding the same." May 19, 1892.

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Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulant to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhea, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nistis.

In prescribing, care should be taken to write the word *Apioline* in full.

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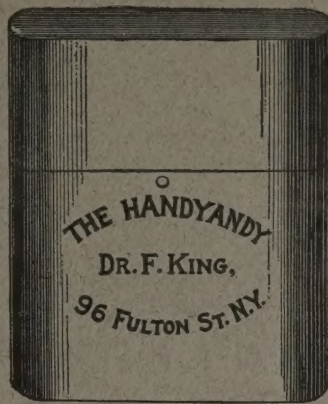
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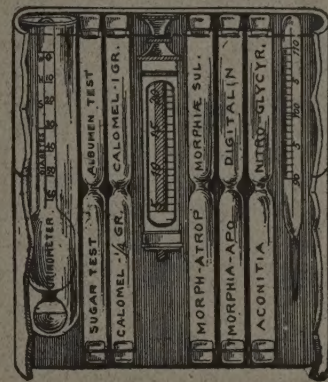
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In addition to three tubes filled with the salts for the several urine tests, the case contains seventeen tubes which will be filled with each tablet as the buyer may select from the following list. Fraser's Tablets Triturates are the only ones we employ in filling these cases, thus insuring the absolute reliability of the medicines, and the appended list, which is selected from the catalogue of the Fraser Tablet Triturate Mfg. Co. comprising only such remedies as may be useful in emergencies calling for such amounts as can be conveniently carried in this case. When ordering the case please return this coupon, with the seventeen items you select, not marked off.

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Cathartic Comp. Veg.	Nux Vomica.
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